

IHS/CAO TRIBAL ADVISORY COMMITTEE MEETING
January 23-24, 2002
EXECUTIVE SUMMARY

Members in attendance:	Tribe Represented	Region Represented
Ms. Rosemary Nelson,	Cedarville/Alturas Reserv.	Northern
Mr. Joseph Saulque,	Benton Paiute Reserv.	East Central
Ms. Delores Roberts,	North Fork Rancheria	East Central
Ms. Rachel A. Joseph,	(Alt.)Lone Pine Reserv.	East Central
Ms. Donna Schular,	Sherwood Valley Rancheria	West Central
Ms. Marjorie Mejia,	Lytton Rancheria	West Central
Mr. Jack Musick,	La Jolla Reservation,	Southern
Ms. Kelly Short-Slagley,	Agua Caliente Reserv.	Southern
Mr. Dan Tatum,	Urban Representative	

IHS staff in attendance:

Ms. Margo Kerrigan,	Area Director
Mr. J. Paul Redeagle,	Deputy Area Director
Dr. Stephen Mader,	Chief Medical Officer(CMO)
Mr. Dennis Heffington,	ISDA Program Manager
Dr. Ralph Ettinger,	Psychologist Consultant
Ms. Dawn LeBlanc,	Area Diabetes Control Officer

The California Area Tribal Advisory Committee (CATAC) meeting began on Wednesday, January 23rd at 9:00 a.m. and ended at 4:00 p.m, Thursday, January 24th. In addition to the attendees listed above, this meeting was open to and attended by additional tribal and program leaders, California Area Indian Health Service (IHS) staff, and guests.

Ms. Kerrigan, CAIHS Area Director, opened the meeting on Thursday morning with a welcome, introductions, and a review of the agenda, and a discussion of the voting issues at the Annual Tribal Leader's Meeting to be held in Reno on March 26th-28th.

National Diabetes Issues/Activities/Funding - Dr. Mader, Chief Medical Officer, and Ms. Dawn LeBlanc, Area Diabetes Control Officer, discussed national Diabetes issues, activities, and funding. Each IHS area was asked to provide a summary of discussion and comments on each item of the key consultation issues identified by the National

Tribal Leader's Diabetes Committee for distribution of the FY 2003 Supplemental Diabetes Funding.

The CATAC discussed area priorities such as the "Urban set aside" and the Tribal Size Adjustment criteria used in the formula, and other administrative related costs of the national diabetes program. The following summary representing the California Area comments, was submitted by Dr. Mader to the Director, IHS National Diabetes Program:

National Distribution Formula

Formula factors - The Tribal Size Adjustment (TSA) factor should be increased to 25 percent of the distribution formula.

The Disease Burden factor should be decreased to 25 percent of the distribution formula. This factor should be based upon the most current prevalence data rate only. The excess mortality rated should be dropped from the formula.

The User Population factor should be increased to 40 percent. FY 2001 user pop counts should be used.

The Data Quality Improvement factor should be at 10 percent.

Set-Asides - Urban Program distribution should be capped at five percent vs. an exact amount (\$5,000,000).

The Tribal Leaders Diabetes Committee (TLDC) budget should be \$100,000.

Administrative Infrastructure should be decreased to \$3,100,000. That would include the TLDC budget, Indian Health Service (IHS) National Diabetes Program, and IHS Grants Management.

Priority Areas - Grants should remain non-competitive.

Appoint an Urban representative to the TLDC at large.

Distribution formula should remain the same for a 3 year period if the total diabetes funding remains at or below 20 percent of the (FY) 2003 funding.

Distribute the diabetes money in a more timely manner, which is essential for program planning.

Contract Health Services - Dr. Stephen Mader reviewed the *Dear Tribal Leaders* letter and the attached proposed formulas. It is important to have a California Area representative at all future meetings of the CHS workgroup to represent our needs and input in proposed distribution formulas and proposed changes to current formulas. Within

the California Area, the discussion on whether to use CHS eligible active users, or total active users, or an "LNF" approach will be useful in determining a recurring distribution formula.

Behavioral Health Issues - The behavioral health issues discussed by Dr. Ralph Ettinger and Dr. Dave Springer included alcohol counselor certification training, data project, and YRTC expansion options.

Dr. Ettinger also explained that the Sacramento based American Indian Training Institute, Inc. was awarded a contract to provide training to assist California programs in obtaining alcohol counselor certification. This would meet the certification requirements for the California Association of Alcoholism and Drug Abuse Counselors.

One person from each program would be able to obtain training without charge, and others would be charged. Training would consist of TRACK 1, for counselors that have never been certified, and TRACK 2, for continuing education for current certified counselors. Each track would be offered four times annually.

Dr. Springer discussed the CADMIS training package to be provided by Cimmaron Medical Informatics to 12 tribal/urban programs for substance abuse/mental health/administrative staff. Two one day training sessions would be offered as follow-up to the initial CADMIS training. The focus of IHS is on collection of data quality improvement, which is primary for national fund distribution decisions, and improving overall health care.

Dr. Ettinger discussed the YRTC Task Force meeting goals. Recommendations included an immediate non recurring distribution of available alcohol funding. The proposed budget for the YRTC Network included \$375,000 for the Toiyabe Group Home, \$530,000 for the Southern Indian Health Council, Inc. program, with the balance to be included in the Area Risk Pool.

Active Users - Ms. Jan Bergemann, the California Area Information System Coordinator, reviewed the IHS process for deriving correct active user population numbers. She described the necessity of correctly defining and reporting active user data to the National Patient Information

Reporting System and how this data is used in health care planning, funding distributions, and budget justifications.

Recommendations included having all program registration clerks correct health record numbers and social security numbers, RPMS site managers work to add communities for service units/health programs where needed, PCC data clerks examine clinic codes, provider codes, and facility codes to ensure they are workload reportable codes where appropriate, and to continue the good work of exporting patient registration and visit workload data.

Government Performance Results Act (GPRA) - Dr. Mader described the GPRA data reported by California programs, and Dr. Ettinger reviewed a sample of the FY 2001 GPRA Report that will be distributed at the Annual Tribal Leader's Meeting in Reno.

Budget Formulation - Dr. Mader described the coming Budget Formulation requirements for the California Area. The CATAC, as the Budget Formulation Committee for the California Area, will review health priorities and GPRA indicators for use in budget recommendations. Usually three budgets are developed, a "needs based" budget and budgets reflecting projected increases of 35% and 45% over the previous year's budget. IHS Headquarters has not sent out the budget formulation worksheets or information necessary to complete the California Area tribal consultation on budget formulation. The CATAC set February 25th to meet to discuss and provide the necessary feedback for budget formulation. The CATAC will then present their recommendations during the Annual Tribal Leader's meeting in March.

Planning for 2002 Annual Tribal Leader's Meeting - The preliminary draft agenda for the March 2002 Annual Tribal Leader's Meeting was reviewed. As soon as presenter confirmations are received the agenda will be finalized.

Next California Area Tribal Advisory Committee Meeting - The next CATAC Meeting is tentatively scheduled for one day, February 25th. The primary focus of this meeting will be budget formulation requirements for the California Area.